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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/586,308 06/02/2000 PAT 6,402,785 *IB*
 which claims benefit of 60/137,586 06/04/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED *IB*
 ** 03/20/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 19	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>IB</i>		

Verified and
Acknowledged

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TITLE

Artificial disc implant

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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